PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2003

Application or Docket Number

BCI

CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL ENTITY TYPE			OTHER THAN SMALL ENTITY	
TOTAL CLAIMS			24		· •		-	RATE	FEE	1	RATE	FEE
FC	DR		NUMBER FILED		NUMBER EXTRA			BASIC FEE	385.00	OR	BASIC FEE	770.00
TC	TAL CHARGE	ABLE CLAIMS	74 minus 20=		* 4			X\$ 9=	36	OR	X\$18=	
INE	DEPENDENT CI	LAIMS	4 mi	inus 3 =	*	1		X43=	43	OR	X86=	
ML	ILTIPLE DEPEN	NDENT CLAIM PI	RESENT	·				+145=	_	OR	+290=	
* If the difference in column 1 is less than zero, enter "0						column 2		TOTAL	464	OR	TOTAL	
CLAIMS AS AMENDED - PART II						(0.1 - 0)		SMALL	FNTITY	OR	OTHER SMALL I	
(Column 1)			T	(Colun		(Column 3)) 1 1	SWALL		10 N	JIMALLI	·
AMENDMENT A		REMAINING AFTER AMENDMENT		NUME PREVIC PAID I	BER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
ME	Independent	*	Minus	***		=]]	X43=		OR	X86=	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						」 [4.45	-		. 200	
+145=										OR	+290≈	
								TOTAL ADDIT. FEE		OR ,	TOTAL ADDIT. FEE	
		<u> </u>										
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGHI NUME PREVIO PAID I	BER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
	Independent	*	Minus	***		<u> </u>] [X43=		OR	X86=	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						ן נ	. 1 45			+290=	·
								+145=		OR	+290≡ TOTAL	
TOTAL ADDIT. FEE										OR ,	ADDIT. FEE	
		_		•								
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUME PREVIO PAID F	BER JUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		= .		X\$ 9=		OR	X\$18=	
	Indep ndent	*	Minus	***		=]	X43=		OR	X86=	
_	FIRST PRESENTATION OF MULTIPLE DEPENDENT						」 ├			OK		
	f the entry in solu-		+145=		OR	+290=						
**	* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."											
		iber Previously Pai					er fou	nd in the app	ropriate box	in col	umn 1.	